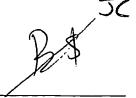
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. NEW	YURK NY	10114	DEL 1				(Depositor's name)
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APPLICATION I	NO.	FILING DATE	TOTAL CLAIM		EXAMINER AND GROUP	P ART UNIT	DATE MAILED IN IN
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear or Inclusion of assignee data is only appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is NOT a filling an assignment. (A) NAME OF ASSIGNEE CANON KABUSHIKI KAISHA (B) RESIDENCE: (CITY & STATE OR COUNTRY) TOKYO, JAPAN Please check the appropriate assignee category indicated below (will not be printed on the individual of corporation or other private group entity government	of Patents and Trademarks): Submitted to substitue for Of Patents and Trademarks): Issue Fee Advance Order - # of Copies 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 06-1205 (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee 10
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